

ALABAMA DEPARTMENT OF PUBLIC HEALTH EVALUATION
STD Update for Clinicians and Counselors
ASNA NO: 5-91.82 ABN PROVIDER NUMBER: ABNPO387 DATE: March 10, 2004

Name: _____ SSN: _____

Please check one: ☐ Nurse ☐ Social Worker ☐ Other _____

Address: _____ City: _____ State: _____ Zip: _____ Email: _____

Fax: _____ Phone: _____

TITLE: ☐ RN ☐ LPN ☐ NP/CNM ☐ MD
 ☐ Administrator ☐ Aide/Outreach ☐ Clerical ☐ Counselor/Social Worker
 ☐ Health Educator ☐ Other

RACE/ETHNICITY:
 ☐ American Indian ☐ Asian ☐ Black/African American ☐ Hawaiian/Pacific Islander
 ☐ Hispanic/Latino ☐ White ☐ Other

POPULATION SERVED:
 ☐ Primarily Rural ☐ Primarily Urban ☐ Rural & Urban ☐ Suburban

AGENCY TYPE:
 ☐ State/Local Health Department ☐ Planned Parenthood ☐ Community Based Organization ☐ Hospital Based
 ☐ Managed Care ☐ Private Practice ☐ Other

KEY:	3=YES	2=SOMEWHAT	1=NO
The speaker was effective in presenting the material.	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
The session met the listed objectives.	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Provided content relative to the objectives.	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Effectively used teaching methods and learning aids.	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Provided physical facilities conducive to learning.	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Enabled me to meet my personal objectives.	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

Overall, I would rank this training as: ☐ EXCELLENT ☐ GOOD ☐ AVERAGE ☐ FAIR ☐ POOR

Please list any additional comments: _____

Please list any additional training you would be interested in attending: _____

I attest that I viewed at least 85% of this program: Participant's Signature: _____ Date viewed: _____

☐ **No CEU's Requested**, mail completed form to: Alabama Department of Public Health; Office of Professional and Support Services, Attention: Training Coordinator;
PO Box 303017, Suite1010; Montgomery, Alabama 36130-3017.

NOTE: IF CEU'S ARE REQUESTED: Within 3 working days, fax (334-206-5640) or mail completed form to: Alabama Department of Public Health; Video Communications,
PO Box 303017, Suite 940; Montgomery, Alabama 36130-3017. Out of state participants include \$20 per person (check payable to: Alabama Department of Public Health)

☐ Check included ☐ Check will follow ☐ Please invoice **Certificate will not be provided until we receive evaluation form.** IRS Tax ID No. 63-1106545